

**FORM****D-1****STATEMENT OF ORGANIZATION***PLEASE TYPE OR PRINT IN BLACK INK*

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

THIS FORM MAY BE
TRANSMITTED BY
FAX. THE ORIGINAL
MUST BE
FORWARDED ON THE
DAY OF FAX
TRANSMITTAL.

E-MAIL ADDRESS:

POLITICAL COMMITTEE
IDENTIFICATION NO.**CHECK HERE IF ADDRESS CHANGE****SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.****1.**

DATE COMMITTEE CREATED: _____

2.AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN
EXPENDITURES AS OF THE DATE THE
COMMITTEE WAS CREATED: \$ _____**3.**

NEW COMMITTEE

AMENDMENT

(MUST BE FILED WITHIN 10 DAYS OF **ANY** CHANGES.)**4.**

POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION:

A - STATE POLITICAL COMMITTEE

STATE & LOCAL POLITICAL COMMITTEE

LOCAL POLITICAL COMMITTEE

B - IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN
WHICH IT WILL OPERATE:

C - THIS COMMITTEE WILL PRIMARILY: SUPPORT OR OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE.

D - THIS COMMITTEE WILL: SUPPORT OR OPPOSE QUESTIONS OF PUBLIC POLICY.

E - POLITICAL PARTY AFFILIATION:

F - COUNTY OF RESIDENCY OF CANDIDATE: _____

5.

PURPOSE (S) OF THE POLITICAL COMMITTEE:*

6.

CANDIDATE (S) THE COMMITTEE IS SUPPORTING OR OPPOSING.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME AND ADDRESS

SUPPORT

OPPOSE

OFFICE

PARTY AFFILIATION

• IF MORE SPACE IS FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

NAME OF POLITICAL COMMITTEE

POLITICAL COMMITTEE
IDENTIFICATION NUMBER

7.

REQUIRED COMMITTEE OFFICERS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS
CHAIRMAN		
TREASURER		

8.

POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEES BOOKS AND ACCOUNTS.*
(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS

9.

LIST OF ALL FINANCIAL INSTITUTIONS AND OTHE REPOSITORIES OF THE COMMITTEE FUNDS.*
(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME	MAILING ADDRESS AND PHONE NUMBER

10.

DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:

RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION.

TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____

TRANSFER TO A CHARITIBLE ORGANIZATION: _____

VERIFICATION

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE

DATE

THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE RETURN TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924

LOCAL POLITICAL COMMITTEES AND
STATE POLITICAL COMMITTEES RETURN
ORIGINAL TO:
STATE BOARD OF ELECTIONS
AND A COPY TO EACH APPROPRIATE COUNTY CLERK.